



JUNK DEALER/JUNK COLLECTOR

Junk Dealer – Any suitable persons to be collectors of, dealers in or keepers of shops for the purchase, sale or barter of junk, old metals or second hand articles, within the limits of the Town which issues the License. (MGL c. 140 §54)

Junk Collector – Is a person who goes from place to place collects by purchase or otherwise junk, old metals or second hand articles. (MGL c. 140, §56)

REQUIREMENTS FOR A JUNK DEALER OR JUNK COLLECTOR LICENSE:

1. Approval must be received from the Building Inspector prior to submitting the application with the Board of Selectmen. A plan of premises must be submitted to the Building Inspector for his review.
2. Police Investigation is required.
3. Application must have plan of premises attached when submitting to the Board of Selectmen.
4. Applicants will be verified with the Finance Department for monies owed to the Town of Walpole.
5. Copy of Business Certificate as filed with Town Clerk or a copy of Corporation Papers.
6. All Statutory requirements as provided in the General Laws must be complied with.
7. A check for **\$75.00** for each license made payable to the **Town of Walpole** for the annual Junk Dealer/Junk Collector fee.
8. License Application/Tax Affidavit, Workers' Compensation is to be filled out and a copy of Workers' Compensation Policy declaration page (showing the policy number and expiration date) submitted to the Selectmen's Office.

All Applicants must check with the Building Inspector's Office and the Board of Health regarding any other necessary permits that may be required.

This License is subject to revocation for cause



Town of Walpole
Board of Selectmen's Office
Tel: 508-660-7277
135 School Street
Walpole, MA 02081

Application for License or Permit

Today's Date: _____

I _____, hereby make application to the
Board of Selectman of the Town of Walpole, Massachusetts for a:

Type of License: **Junk Dealer or Junk Collector License – Fee \$75.00/each** (check made
payable to the **Town of Walpole**)

Name of Business License/Permit: _____

D/B/A Name: _____

Address: _____

Business Telephone Number () _____ - _____

Days and Hours of Operation: _____

Is this your first application for a license/permit? **Y / N**

Is this a renewal of a license/permit? **Y / N**

SIGN YOUR NAME IN FULL: _____

Residential Mailing Address: _____

Applicant/Bus Telephone Number: () _____ - _____

EMAIL: _____

Comments: FOR TOWN USE ONLY

Police approval: Yes ☐ No ☐

Fire approval: Yes ☐ No ☐

Approval Date: _____

Conditions/Restrictions: _____